

POSITION DESCRIPTION (Please Read Instructions on the Back)

1. Agency Position No.

S000082

2. Reason for Submission

☐ Redescription
☐ Reestablishment

☐ New
☒ Other

3. Service

☐ Hdqtrs

☒ Field

4. Employing Office Location

5. Duty Station

6. OPM Certification No.

Explanation (Show any positions replaced)

Standard Position Description

7. Fair Labor Standards Act

☐ Exempt

☒ Nonexempt

8. Financial Statements Required

☐ Executive Personnel
☐ Financial Disclosure

☐ Employment and
☐ Financial Interest

9. Subject to IA Action

☒ Yes

☐ No

10. Position Status

☒ Competitive

☐ Excepted (Specify in Remarks)

☐ SES (Gen.)

☐ SES (CR)

11. Position Is

☐ Supervisory

☐ Managerial

☒ Neither

12. Sensitivity

☒ 1--Non-Sensitive

☐ 2--Noncritical
☐ Sensitive

☐ 3--Critical

☐ 4--Special
☐ Sensitive

13. Competitive Level Code

14. Agency Use

15. Classified/Graded by

Official Title of Position

Pay Plan

Occupational Code

Grade

Initials

Date

a. Office of Personnel
Management

b. Department,
Agency or
Establishment

c. Second Level
Review

d. First Level
Review

Biological Tech. (Private Lands)

GS

404

7

e. Recommended by
Supervisor or
Initiating Office

16. Organizational Title of Position (if different from official title)

17. Name of Employee (if vacant, specify)

18. Department, Agency, or Establishment

U. S. Department of the Interior

c. Third Subdivision

a. First Subdivision

U. S. Fish and Wildlife Service

d. Fourth Subdivision

b. Second Subdivision

Regions

e. Fifth Subdivision

19. Employee Review-This is an accurate description of the major
duties and responsibilities of my position.

Signature of Employee (optional)

20. Supervisory Certification. I certify that this is an accurate
statement of the major duties and responsibilities of this position
and its organizational relationships, and that the position is
necessary to carry out Government functions for which I am
responsible. This certification is made with the knowledge that

this information is to be used for statutory purposes relating to
appointment and payment of public funds, and that false or misleading
statements may constitute violations of such statutes or their
implementing regulations.

a. Typed Name and Title of Immediate Supervisor

b. Typed Name and Title of Higher-Level Supervisor or Manager (optional)

Signature

Date

Signature

Date

21. Classification/Job Grading Certification. I certify that this posi-
tion has been classified/graded as required by Title 5, U.S. Code,
in conformance with standards published by the U.S. Office of
Personnel Management or, if no published standards apply direct-
ly, consistently with the most applicable published standards.

Typed Name and Title of Official Taking Action

22. Position Classification Standards Used in Classifying/Grading Position

US OPM GS-404, TS-111, December 91

Information for Employees. The standards, and information on their
application, are available in the personnel office. The classification of the
position may be reviewed and corrected by the agency or the U.S. Office
of Personnel Management. Information on classification/job grading
appeals, and complaints on exemption from FLSA, is available from the
personnel office or the U.S. Office of Personnel Management.

Signature

Date

23. Position Review

Initials

Date

Initials

Date

Initials

Date

Initials

Date

Initials

Date

a. Employee (optional)

b. Supervisor

c. Classifier

24. Remarks

FPL - GS-7

25. Description of Major Duties and Responsibilities (See Attached)

Approved For Service-wide Use